

PURPOSE

To standardize the creation and management of patient diets in hospitals operated by the Michigan Department of Health and Human Services.

DEFINITIONS**Cook**

Performs and oversees a variety of cooking and food preparation tasks for residents of state hospitals.

Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)

A health professional with special training in the use of diet and nutrition to work with the medical team to improve the nutritional health of the patient.

Regular diet

A diet that meets nutritional requirements without dietary restrictions.

Religious diet

A diet that supports the religious needs of a patient.

Therapeutic diet

"A nutrition intervention prescribed by a Medical Doctor or other authorized non-Medical Doctor practitioner that provides food, fluid, or nutrients via oral, enteral and/or parenteral routes as part of treatment of disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet." (Academy of Nutrition and Dietetics, 2021).

POLICY***Menus***

- Three meals and one evening snack must be served to all patients daily.
- The menu items and nutrient analyses of the regular menu must be reviewed by a hospital's RD/RDN.

- The regular menu must be the basis for the therapeutic menus. Therapeutic diets will have meal and snack offerings customized for the individual therapeutic diet patient.
- The RD/RDN must create a menu for all prescribed diets at the hospital.
- RD/RDNs are responsible for reviewing, maintaining, and implementing any changes to a food supplier's menu program which includes evaluating the nutritional elements of any new food items from a supplier's menu.
- For hospitals that are serviced by a contracted food vendor, the RD/RDN must work in conjunction with the contractor to plan and implement a menu for all prescribed diets at the hospital.
- The menu must be in accordance with the most current Recommended Dietary Allowances (RDA) or the Dietary Reference Intake (DRI) of the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.
- When menu changes are necessary, substitutions must provide equivalent nutritional value.
- Menus must be posted on each unit.

Patient Diet Evaluations

- A physician must order a diet for all patients upon admission using the approved dietary guidelines. The appropriate diet must be documented within the electronic medical record (EMR). All patient dietary evaluations performed by the RD/RDN must be done face-to-face.
- The RD/RDN must evaluate and assess the nutritional status of each individual patient within three business days of admission, provide interim evaluations as requested, and complete annual patient assessments. All evaluations must be done face-to-face.
- The RD/RDN must provide face-to-face dietary education and nutritional counseling to patients, and speak with patients about questions or concerns as needed and as requested by the clinical team.

- A hospital's RD/RDNs are active treatment team participants and conduct active treatment groups.
- The RD/RDN must identify nutritional problems that may be incorporated into the individualized plan of service (IPOS) as appropriate and as needed as part of Person-Centered Planning.

Psychosocial Rehabilitation Services (PSR)

- A hospital's RD/RDNs will hold PSR nutritional groups as needed in conjunction with the hospital's active treatment program.

Writing Diet Orders

- Hospital RD/RDNs may enter dietary orders in compliance with hospital standard operating procedures and Medical Staff Bylaws.

Diet Modifications

- RD/RDNs must review the EMR each business day for new and/or modified diet orders. If applicable, diet orders must be communicated to the contractual food service kitchen by the end of the business day.
- RD/RDNs must monitor patients with specialized medical needs, per direction of the primary care provider, including, but not limited to: PEG tubes (select type of feed, overfeeding, underfeeding, residuals and water flushes); Patients with skin wounds or ulcers and recommend dietary modifications to improve wound healing and prealbumin levels; Patients with anorexia, obesity and diabetes and make recommendations for improved care as appropriate.
- Temporary special diets required for an x-ray, colonoscopy, or other specialized test must conform to procedure as established for that specific test and/or as ordered by the medical doctor.

Special Events

- All food purchases intended for patient activities must be approved by the RD/RDN.

RESOURCES

Academy of Nutrition and Dietetics

The Joint Commission PC.01.02.01

The Joint Commission PC.02.01.03

The Joint Commission PC.02.02.03

Recommended Dietary Allowances (RDA) or the Dietary Reference Intake (DRI) of the Food and Nutrition Board, Institute of Medicine, National Academies.

CONTACT

For more information, contact the State Hospital Administration.